

L 10 0000 12062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

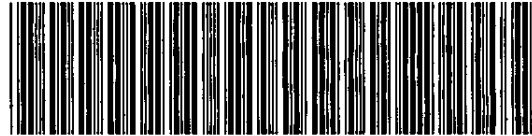
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 07 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RENNAISSANCE #504, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DENNIS LESAVICH

Name of Person

Firm/Company

308 NW 31st PLACE

Address

CAPE CORAL, FL 33993

City/State and Zip Code

denny11@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DENNIS LESAVICH

Name of Person

304 552-7714
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RENAISSANCE #504, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2010 and assigned
Florida document number L10000012062.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

308 NW 31ST PLACE

CAPE CORAL, FL 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

308 NW 31ST PLACE

CAPE CORAL, FL 33993

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

DENNIS LESAVICH

New Registered Office Address:

308 NW 31ST PLACE

Enter Florida street address

CAPE CORAL

City

, Florida 33993

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ZACHARY FAMILY TRUST	3775 WALES AVENUE NW	<input type="checkbox"/> Add
		MASSILLON, OH 44646	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GARRY OAKES	2825 WINKLER AVENUE	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS LESAVICH	308 NW 31ST PLACE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DENNIS LESAVICH	308 NW 31ST PLACE	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33993	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 4 11:14 AM
FBI

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated MARCH 31 2016


Signature of a man

Signature of a member or authorized representative of a member

DENNIS LESAVICH

Typed or printed name of signee

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TALLAHASSEE, FLORIDA